

Submit 3 Copies To Appropriate District  
Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1391 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.  
30-025-27961

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

STATE 26

8. Well No.

1

9. Pool name or Wildcat

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  
PROPOSALS.)

1. Type of Well:

Oil Well ☐ Gas Well ☐ Other SWD

2. Name of Operator KELLY H. BAXTER

3. Address of Operator P.O. BOX 1649, AUSTIN, TX 78767

4. Well Location

Unit Letter \_\_\_\_\_ feet from the NORTH line and \_\_\_\_\_ feet from the EAST line

Section \_\_\_\_\_ Township 12S Range 32E NMPM LEA County NM

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4326

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

SEE ATTACHMENT

THE COMMISSION MUST BE NOTIFIED 24  
HOURS PRIOR TO THE BEGINNING OF  
PLUGGING OPERATIONS FOR THE C-103  
TO BE APPROVED.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Becky Lindemoor TITLE AGENT

DATE 11/13/02

Type or print name BECKY LINDEMOOR

(This space for State use)

Telephone No. (915) 687-1144

APPROVED BY

Conditions of approval, if any:

ORIGINAL SIGNED BY

GARY W. WINK

FIELD REPRESENTATIVE II/STAFF MANAGER

DATE